Academic Or Research Use Order Form For Public Release of Arizona Hospital Discharge Data - Page 1 of 2



MAIL YOUR ORDER TO:

Arizona Department of Health Services
Bureau of Public Health Statistics
Section of Cost Reporting and Discharge Data Review
150 North 18th Ave - Suite 550

Phoenix AZ 85007-3248

Phone: 602-542-8064 Fax: 602-542-2940

Amount

Sub Total

Website: http://azdhs.gov/plan/crr/index.htm

- ▶1. See Special Instructions for ordering data for ACADEMIC OR RESEARCH USE on Page 2 of this Order Form
- ▶ 2. BEFORE ORDERING REVIEW THE LISTS OF DATA ELEMENTS INCLUDED IN THE PUBLIC RELEASE DISCHARGE DATA ON OUR WEBSITE http://azdhs.gov/plan/crr/ddr/rel/index.htm
- ▶3. Available data is Hospital Inpatient (IP) or Hospital Emergency Department (ED).
- ▶4. Data is provided in 6 month sets, January June ("01") and July December ("02").
- ▶ 5. Cost for Academic or Research data is \$300.00 per data set.

Data Set Time Period (for example, 2004-01)

► 6. For information on the most current data available, check the information page at http://azdhs.gov/plan/crr/ddr/rel/info.htm on our website.

| Company: | | |
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| City: | | State: Zip: |
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| | City: E-Mail:FAX: | Company: City: City: FAX: FAX: Formats. CDs will be sent regular USPS mail unless alto |

Date Rec'd _____ Check Number ____ Rec'd By ____ Date Sent ___ Sent By ____ Verified By ___

Qty IP

Qty ED

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Special Instructions for Ordering Arizona Hospital Discharge Data for Academic or Research Use

Data for Academic or Research use means that the data will be analyzed, processed or examined by, or under the auspices of, an accredited college or university for research purposes. An accredited college or university means that the institution meets same accreditation criteria as Arizona's public colleges and universities.

The Order Form for the Arizona Hospital Discharge Data for Academic or Research Use <u>must</u> be accompanied by a letter on the institution's letterhead containing:

- The title of the research project
- A brief description of the research project focus and funding source(s)
- The name and complete contact information of the principle investigator
- The URL of the project website or web-based documentation for the project
- A statement that the project will share a copy of any results/papers/findings with the Arizona Department of Health Services and the expected completion date.